



November 29, 2012

Submitted Via FedEx

Susan Mackert
Environmental Specialist II Senior II
VDEQ -Northern Regional Office
13901 Crown Court
Woodbridge, VA 22193



Re: Industrial VPDES Permit Renewal Application
Kinder Morgan Southeast Terminals - Newington 1
Permit No. VA0001945

Dear Ms. Mackert:

On behalf of Kinder Morgan Southeast Terminals (KMST) Newington 1 facility, we are submitting this renewal application packet as required according to the Virginia Pollution Discharge Elimination System (VPDES). Attached are the Federal Environmental Protection Agency Forms 1, 2C, 2F and support documentation. If you have any concerns or questions, please contact Patrick Davis at (804) 743-5778.

Best Regards,

Timothy Fox
Manager of Operations

Attachments

Cc: ehsms\NW1\water\permit application

Entered CEHS
12-7-12
SM



COMMONWEALTH of VIRGINIA

DEPARTMENT OF ENVIRONMENTAL QUALITY

Douglas W. Domenech
Secretary of Natural Resources

NORTHERN REGIONAL OFFICE
13901 Crown Court, Woodbridge, Virginia 22193
(703) 583-3800 Fax (703) 583-3821
www.deq.virginia.gov

David K. Paylor
Director

Thomas A. Faha
Regional Director

May 7, 2012

Mr. Richard Krejci → *JACQUE WILLIAMS*
Director
Kinder Morgan Southeast Terminals
1100 Alderman Drive, Suite 200
Alpharetta, GA 30005

Re: Virginia Pollutant Discharge Elimination System (VPDES) Permit No. VA0001945
Kinder Morgan Southeast Terminals, Fairfax County

KMST NW 1

Dear Mr. Krejci:

This letter is to remind you that your VPDES permit will expire on May 29, 2013. If you wish to continue discharging, you must reapply for the permit. The State Water Control Board's VPDES Permit Regulation requires that we receive a complete application at least 180 days before the existing permit expires. The deadline for submitting the application is November 29, 2012. Early submissions are encouraged and will better enable us to complete processing before permit expiration. The application forms and instructions are available on the DEQ website at:

<http://www.deq.virginia.gov/Programs/Water/PermittingCompliance/PollutionDischargeElimination/PermitsFees.aspx>

Based on your current permit, your facility is required to submit the following forms: General Form 1, Form 2C, Form 2F, and the Application Addendum (located at the same link under Miscellaneous Forms/Information/Regulations).

If you would like to request a waiver from any of the sampling or testing requirements in the application forms, please contact me prior to submitting your application or provide a thorough justification for the request when you submit your application. Failure to submit the waiver request by the 180 day application deadline may result in the waiver or administrative continuance of the permit being denied if the permit is not subsequently re-issued on time.

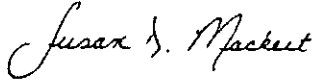
Upon completing the application, please return the original and one paper copy to my attention at the Northern Regional Office at the above address. Also, please submit an electronic copy of the application on CD or by e-mail to me at susan.mackert@deq.virginia.gov.

There is no application fee for a regularly scheduled reissuance of an individual permit; that fee has been replaced by an annual permit maintenance fee which is to be paid by October 1 of each year. No permit will be reissued unless all maintenance fee payments are up to date.

VA0001945
Reissuance Reminder Letter
Page 2 of 2

Please contact me at (703) 583-3853 or susan.mackert@deq.virginia.gov if you have questions.

Sincerely,

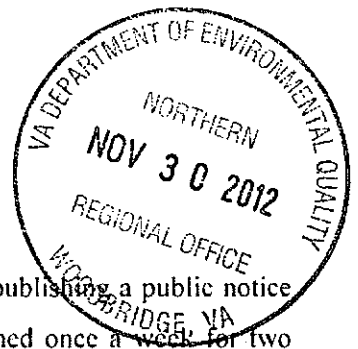
A handwritten signature in cursive script that reads "Susan D. Mackert".

Susan D. Mackert
Environmental Specialist II, Senior II

cc: VA0001945 Reissuance File

Enc.: Public Notice Billing Information Form

PUBLIC NOTICE BILLING INFORMATION



I hereby authorize the Department of Environmental Quality to have the cost of publishing a public notice billed to the Agent/Department shown below. The public notice will be published once a week for two consecutive weeks in accordance with 9 VAC 25-31-290.C.2.


Agent/Department to be billed: Jacque Williams

Owner: Kinder Morgan Southeast Terminals

Applicant's Address: 1000 Alderman Drive, Suite 200

Alpharetta, GA 30005

Agent's Telephone Number: (770) 751-4000

Authorizing Agent:  Signature

VPDES Permit No.: VA0001945
Facility Name: Kinder Morgan

Please return to:

Susan Mackert
VA-DEQ, NRO
13901 Crown Court
Woodbridge, VA 22193-1453
Fax: (703) 583-3821

FORM 1 GENERAL		U.S. ENVIRONMENTAL PROTECTION AGENCY GENERAL INFORMATION Consolidated Permits Program (Read the "General Instructions" before starting.)		I. EPA I.D. NUMBER				
				S	T/A C			
				F	D			
				1 2	13 14 15			
LABEL ITEMS		PLEASE PLACE LABEL IN THIS SPACE		GENERAL INSTRUCTIONS If a preprinted label has been provided, affix it in the designated space. Review the information carefully; if any of it is incorrect, cross through it and enter the correct data in the appropriate fill-in area below. Also, if any of the preprinted data is absent (the area to the left of the label space lists the information that should appear), please provide it in the proper fill-in area(s) below. If the label is complete and correct, you need not complete Items I, III, V, and VI (except VI-B which must be completed regardless). Complete all items if no label has been provided. Refer to the instructions for detailed item descriptions and for the legal authorizations under which this data is collected.				
I. EPA I.D. NUMBER								
III. FACILITY NAME								
V. FACILITY MAILING ADDRESS								
VI. FACILITY LOCATION								
II. POLLUTANT CHARACTERISTICS								
INSTRUCTIONS: Complete A through J to determine whether you need to submit any permit application forms to the EPA. If you answer "yes" to any questions, you must submit this form and the supplemental form listed in the parenthesis following the question. Mark "X" in the box in the third column if the supplemental form is attached. If you answer "no" to each question, you need not submit any of these forms. You may answer "no" if your activity is excluded from permit requirements; see Section C of the instructions. See also, Section D of the instructions for definitions of bold-faced terms .								
SPECIFIC QUESTIONS		Mark "X"		Mark "X"				
		YES	NO	FORM ATTACHED	YES	NO	FORM ATTACHED	
A. Is this facility a publicly owned treatment works which results in a discharge to waters of the U.S. ? (FORM 2A)			X			X		
		16	17	18		19	20	21
C. Is this a facility which currently results in discharges to waters of the U.S. other than those described in A or B above? (FORM 2C)		X		X		X		
		22	23	24		25	26	27
E. Does or will this facility treat, store, or dispose of hazardous wastes ? (FORM 3)			X			X		
		28	29	30		31	32	33
G. Do you or will you inject at this facility any produced water or other fluids which are brought to the surface in connection with conventional oil or natural gas production, inject fluids used for enhanced recovery of oil or natural gas, or inject fluids for storage of liquid hydrocarbons? (FORM 4)			X			X		
		34	35	36		37	38	39
I. Is this facility a proposed stationary source which is one of the 28 industrial categories listed in the instructions and which will potentially emit 100 tons per year of any air pollutant regulated under the Clean Air Act and may affect or be located in an attainment area? (FORM 5)			X			X		
		40	41	42		43	44	45
J. Is this facility a proposed stationary source which is NOT one of the 28 industrial categories listed in the instructions and which will potentially emit 250 tons per year of any air pollutant regulated under the Clean Air Act and may affect or be located in an attainment area? (FORM 5)						X		
						43	44	45
III. NAME OF FACILITY								
C SKIP Kinder Morgan Newington 1 Terminal								
15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 32 33 34 35 36 37 38 39 40 41 42 43 44 45 46 47 48 49 50 51 52 53 54 55 56 57 58 59 60								
IV. FACILITY CONTACT								
A. NAME & TITLE (last, first, & title)								
C 2 Semcheski, Richard, Terminal Supervisor								
15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 32 33 34 35 36 37 38 39 40 41 42 43 44 45 46 47 48 49 50 51 52 53 54 55 56 57 58 59 60								
B. PHONE (area code & no.)								
C (703) 550-0408								
15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 32 33 34 35 36 37 38 39 40 41 42 43 44 45 46 47 48 49 50 51 52 53 54 55 56 57 58 59 60								
V. FACILITY MAILING ADDRESS								
A. STREET OR P.O. BOX								
C 3 8200 Terminal Road								
15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 32 33 34 35 36 37 38 39 40 41 42 43 44 45 46 47 48 49 50 51 52 53 54 55 56 57 58 59 60								
B. CITY OR TOWN								
C 4 Newington								
15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 32 33 34 35 36 37 38 39 40 41 42 43 44 45 46 47 48 49 50 51 52 53 54 55 56 57 58 59 60								
C. STATE								
VA								
15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 32 33 34 35 36 37 38 39 40 41 42 43 44 45 46 47 48 49 50 51 52 53 54 55 56 57 58 59 60								
D. ZIP CODE								
22122								
15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 32 33 34 35 36 37 38 39 40 41 42 43 44 45 46 47 48 49 50 51 52 53 54 55 56 57 58 59 60								
VI. FACILITY LOCATION								
A. STREET, ROUTE NO. OR OTHER SPECIFIC IDENTIFIER								
C 5 8200 Terminal Road								
15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 32 33 34 35 36 37 38 39 40 41 42 43 44 45 46 47 48 49 50 51 52 53 54 55 56 57 58 59 60								
B. COUNTY NAME								
Fairfax								
15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 32 33 34 35 36 37 38 39 40 41 42 43 44 45 46 47 48 49 50 51 52 53 54 55 56 57 58 59 60								
C. CITY OR TOWN								
C 6 Newington								
15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 32 33 34 35 36 37 38 39 40 41 42 43 44 45 46 47 48 49 50 51 52 53 54 55 56 57 58 59 60								
D. STATE								
VA								
15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 32 33 34 35 36 37 38 39 40 41 42 43 44 45 46 47 48 49 50 51 52 53 54 55 56 57 58 59 60								
E. ZIP CODE								
22122								
15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 32 33 34 35 36 37 38 39 40 41 42 43 44 45 46 47 48 49 50 51 52 53 54 55 56 57 58 59 60								
F. COUNTY CODE (if known)								
15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 32 33 34 35 36 37 38 39 40 41 42 43 44 45 46 47 48 49 50 51 52 53 54 55 56 57 58 59 60								

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VII. SIC CODES (4-digit, in order of priority)										
A. FIRST					B. SECOND					
C	7	4	2	2	6	C	7	N/A	(specify)	
15	16	17	18	19		15	16	17	18	
C. THIRD					D. FOURTH					
C	7	N/A	(specify)		C	7	N/A	(specify)		
15	16	17	18	19	15	16	17	18		
VIII. OPERATOR INFORMATION										
A. NAME								B. Is the name listed in Item VIII-A also the owner?		
C	8	Kinder Morgan Southeast Terminals, LLC							<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
15	16								55	56
C. STATUS OF OPERATOR (Enter the appropriate letter into the answer box: if "Other," specify)								D. PHONE (area code & no.)		
F = FEDERAL S = STATE P = PRIVATE				M = PUBLIC (other than federal or state) O = OTHER (specify)				P (specify)		
				56				A (770) 751-4000		
E. STREET OR P.O. BOX										
1100 Alderman Drive, Suite 200										
26								55		
F. CITY OR TOWN						G. STATE	H. ZIP CODE	IX. INDIAN LAND		
C	B	Alpharetta					GA	30005	Is the facility located on Indian lands? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
15	16						40	41	42	47
X. EXISTING ENVIRONMENTAL PERMITS										
A. NPDES (Discharges to Surface Water)					D. PSD (Air Emissions from Proposed Sources)					
C	T	I			C	T	I			
9	N	VA0001945			9	P	N/A			
15	16	17	18	30	15	16	17	18	30	
B. UIC (Underground Injection of Fluids)					E. OTHER (specify)					
C	T	I			C	T	I			
9	U	N/A			9	70087				
15	16	17	18	30	15	16	17	18	30	
C. RCRA (Hazardous Wastes)					E. OTHER (specify)					
C	T	I			C	T	I			
9	R	VAD077797165			9	N/A				
15	16	17	18	30	15	16	17	18	30	
XI. MAP										
Attach to this application a topographic map of the area extending to at least one mile beyond property boundaries. The map must show the outline of the facility, the location of each of its existing and proposed intake and discharge structures, each of its hazardous waste treatment, storage, or disposal facilities, and each well where it injects fluids underground. Include all springs, rivers, and other surface water bodies in the map area. See instructions for precise requirements.										
XII. NATURE OF BUSINESS (provide a brief description)										
Storage and distribution terminal for bulk petroleum products including gasoline, jet fuel, ethanol and petroleum distillates kerosene, diesel fuel and heating oil.										
XIII. CERTIFICATION (see instructions)										
I certify under penalty of law that I have personally examined and am familiar with the information submitted in this application and all attachments and that, based on my inquiry of those persons immediately responsible for obtaining the information contained in the application, I believe that the information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.										
A. NAME & OFFICIAL TITLE (type or print)					B. SIGNATURE			C. DATE SIGNED		
Timothy Fox Operations Manager								11/29/12		
COMMENTS FOR OFFICIAL USE ONLY										
C										
C										
15	16								55	

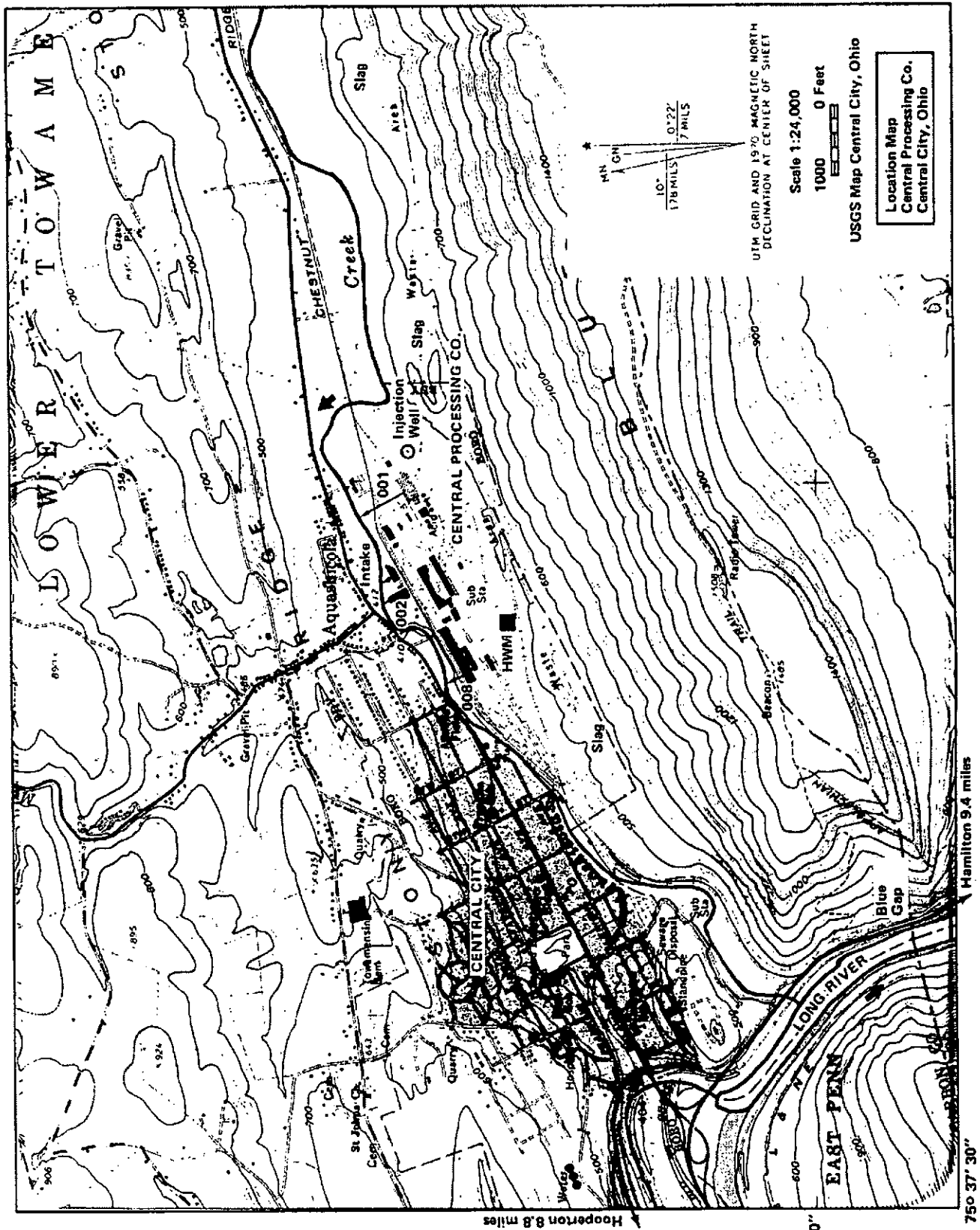


FIGURE 1-1

VAD077797165

Please print or type in the unshaded areas only.

FORM 2C NPDES				U.S. ENVIRONMENTAL PROTECTION AGENCY APPLICATION FOR PERMIT TO DISCHARGE WASTEWATER EXISTING MANUFACTURING, COMMERCIAL, MINING AND SILVICULTURE OPERATIONS <i>Consolidated Permits Program</i>			
I. OUTFALL LOCATION							
For each outfall, list the latitude and longitude of its location to the nearest 15 seconds and the name of the receiving water.							
A. OUTFALL NUMBER <i>(list)</i>	B. LATITUDE			C. LONGITUDE			D. RECEIVING WATER <i>(name)</i>
	1. DEG.	2. MIN.	3. SEC.	1. DEG.	2. MIN.	3. SEC.	
001	38	44	9	77	11	35	Unnamed drainage tributary to Accotink Creek
II. FLOWS, SOURCES OF POLLUTION, AND TREATMENT TECHNOLOGIES							
A. Attach a line drawing showing the water flow through the facility. Indicate sources of intake water, operations contributing wastewater to the effluent, and treatment units labeled to correspond to the more detailed descriptions in Item B. Construct a water balance on the line drawing by showing average flows between intakes, operations, treatment units, and outfalls. If a water balance cannot be determined (e.g., for certain mining activities), provide a pictorial description of the nature and amount of any sources of water and any collection or treatment measures.							
B. For each outfall, provide a description of: (1) All operations contributing wastewater to the effluent, including process wastewater, sanitary wastewater, cooling water, and storm water runoff; (2) The average flow contributed by each operation; and (3) The treatment received by the wastewater. Continue on additional sheets if necessary.							
1. OUTFALL NO. <i>(list)</i>	2. OPERATION(S) CONTRIBUTING FLOW		3. TREATMENT				
	a. OPERATION <i>(list)</i>	b. AVERAGE FLOW <i>(include units)</i>	a. DESCRIPTION		b. LIST CODES FROM TABLE 2C-1		
102	Hydrostatic Test Water (internal outfall to Outfall 001)	0.006 MGD	Separation		xx		
001	Hydrostatic Test Water	0.006	Separation		xx		
	Paved Area Storm Water	0.07	Separation		xx		
	Tank Field Storm Water	0.10	Settling/Separation		1-U	xx	
	Note: Flows are intermittent						

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C. Except for storm runoff, leaks, or spills, are any of the discharges described in Items II-A or B intermittent or seasonal?

☒ YES (complete the following table)☐ NO (go to Section III)

1. OUTFALL NUMBER (list)	2. OPERATION(s) CONTRIBUTING FLOW (list)	3. FREQUENCY		4. FLOW				
		a. DAYS PER WEEK (specify average)	b. MONTHS PER YEAR (specify average)	a. FLOW RATE (in mgd)		B. TOTAL VOLUME (specify with units)		C. DURATION (in days)
				1. LONG TERM AVERAGE	2. MAXIMUM DAILY	1. LONG TERM AVERAGE	2. MAXIMUM DAILY	
102	Hydrostatic Test Water	2.5	1	0.006	0.22	2.26 MG/year	0.22 MG	10

III. PRODUCTION

A. Does an effluent guideline limitation promulgated by EPA under Section 304 of the Clean Water Act apply to your facility?

☐ YES (complete Item III-B)☒ NO (go to Section IV)

B. Are the limitations in the applicable effluent guideline expressed in terms of production (or other measure of operation)?

☐ YES (complete Item III-C)☐ NO (go to Section IV)

C. If you answered "yes" to Item III-B, list the quantity which represents an actual measurement of your level of production, expressed in the terms and units used in the applicable effluent guideline, and indicate the affected outfalls.

1. AVERAGE DAILY PRODUCTION			2. AFFECTED OUTFALLS (list outfall numbers)
a. QUANTITY PER DAY	b. UNITS OF MEASURE	c. OPERATION, PRODUCT, MATERIAL, ETC. (specify)	

IV. IMPROVEMENTS

A. Are you now required by any Federal, State or local authority to meet any implementation schedule for the construction, upgrading or operations of wastewater treatment equipment or practices or any other environmental programs which may affect the discharges described in this application? This includes, but is not limited to, permit conditions, administrative or enforcement orders, enforcement compliance schedule letters, stipulations, court orders, and grant or loan conditions.

☐ YES (complete the following table)☒ NO (go to Item IV-B)

1. IDENTIFICATION OF CONDITION, AGREEMENT, ETC.	2. AFFECTED OUTFALLS		3. BRIEF DESCRIPTION OF PROJECT	4. FINAL COMPLIANCE DATE	
	a. NO.	b. SOURCE OF DISCHARGE		a. REQUIRED	b. PROJECTED

B. OPTIONAL: You may attach additional sheets describing any additional water pollution control programs (or other environmental projects which may affect your discharges) you now have underway or which you plan. Indicate whether each program is now underway or planned, and indicate your actual or planned schedules for construction.

☐ MARK "X" IF DESCRIPTION OF ADDITIONAL CONTROL PROGRAMS IS ATTACHED

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CONTINUED FROM PAGE 2

V. INTAKE AND EFFLUENT CHARACTERISTICS

A, B, & C: See instructions before proceeding – Complete one set of tables for each outfall – Annotate the outfall number in the space provided.

NOTE: Tables V-A, V-B, and V-C are included on separate sheets numbered V-1 through V-9.

D. Use the space below to list any of the pollutants listed in Table 2c-3 of the instructions, which you know or have reason to believe is discharged or may be discharged from any outfall. For every pollutant you list, briefly describe the reasons you believe it to be present and report any analytical data in your possession.

1. POLLUTANT	2. SOURCE	1. POLLUTANT	2. SOURCE
Xylene	Component of gasoline (see attached table with analytical results)		

VI. POTENTIAL DISCHARGES NOT COVERED BY ANALYSIS

Is any pollutant listed in Item V-C a substance or a component of a substance which you currently use or manufacture as an intermediate or final product or byproduct?

☐ YES (list all such pollutants below)

☒ NO (go to Item VI-B)

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VII. BIOLOGICAL TOXICITY TESTING DATA

Do you have any knowledge or reason to believe that any biological test for acute or chronic toxicity has been made on any of your discharges or on a receiving water in relation to your discharge within the last 3 years?

☒ YES (identify the test(s) and describe their purposes below)

☐ NO (go to Section VIII)

Annual Acute Whole Effluent Toxicity testing is completed in accordance with the existing VPDES permit conditions. The 48-hour static acute tests with five test solutions are completed annually utilizing Ceriodaphnia dubia.

05/09 48-hour LC50 for c. dubia was > 100%
 05/10 48-hour LC50 for c. dubia was > 100%
 06/11 48-hour LC50 for c. dubia was > 100%
 05/12 48-hour LC50 for c. dubia was > 100%

VIII. CONTRACT ANALYSIS INFORMATION

Were any of the analyses reported in Item V performed by a contract laboratory or consulting firm?

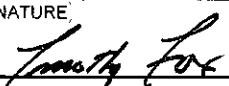
☒ YES (list the name, address, and telephone number of, and pollutants analyzed by, each such laboratory or firm below)

☐ NO (go to Section IX)

A. NAME	B. ADDRESS	C. TELEPHONE (area code & no.)	D. POLLUTANTS ANALYZED (list)
Air Water & Soil Laboratories, Inc.	2109-A North Hamilton Street Richmond, VA 23230	804-358-8295	TPH-DRO, TSS, TOC
Coastal Bioanalysts, Inc.	6400 Enterprise Court Gloucester, VA 23061	804-694-8285	Toxicity Testing
TestAmerica Laboratories, Inc.	2960 Foster Creighton Drive Nashville, TN 37204	615-726-0177	Constituents in Parts V-A and V-C
SPL, Inc.	500 Ambassador Caffery Parkway Scott, LA 70583	337-237-4775	2008 - 2009 Analyses

IX. CERTIFICATION

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

A. NAME & OFFICIAL TITLE (type or print)	B. PHONE NO. (area code & no.)
Timothy Fox Operations Mgr.	770-751-4168
C. SIGNATURE	D. DATE SIGNED
	11/29/12

Disclaimer

This is an updated PDF document that allows you to type your information directly into the form and to save the completed form. This form is the most updated form currently available.

Note: This form can be viewed and saved only using Adobe Acrobat Reader version 7.0 or higher, or if you have the full Adobe Professional version.

Instructions:

1. Type in your information
2. Save file (if desired)
3. Print the completed form
4. Sign and date the printed copy
5. Mail it to the directed contact.

PLEASE PRINT OR TYPE IN THE UNSHADED AREAS ONLY. You may report some or all of this information on separate sheets (use the same format) instead of completing these pages.
SEE INSTRUCTIONS.

EPA I.D. NUMBER (copy from Item 1 of Form 1)
VAD077797165

V. INTAKE AND EFFLUENT CHARACTERISTICS (continued from page 3 of Form 2-C)	OUTFALL NO. 001
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PART A –You must provide the results of at least one analysis for every pollutant in this table. Complete one table for each outfall. See instructions for additional details.

1. POLLUTANT	2. EFFLUENT							3. UNITS (specify if blank)		4. INTAKE (optional)		
	a. MAXIMUM DAILY VALUE		b. MAXIMUM 30 DAY VALUE (if available)		c. LONG TERM AVRG. VALUE (if available)		d. NO. OF ANALYSES	a. CONCEN- TRATION	b. MASS	a. LONG TERM AVERAGE VALUE		b. NO. OF ANALYSES
	(1) CONCENTRATION	(2) MASS	(1) CONCENTRATION	(2) MASS	(1) CONCENTRATION	(2) MASS				(1) CONCENTRATION	(2) MASS	
a. Biochemical Oxygen Demand (BOD)	<2.00		N/A	N/A	N/A	N/A	1	mg/L	pounds			
b. Chemical Oxygen Demand (COD)	<10.0		N/A	N/A	N/A	N/A	1	mg/L	pounds			
c. Total Organic Carbon (TOC)	4.90		N/A	N/A	4.01		2	mg/L	pounds			
d. Total Suspended Solids (TSS)	24.5		N/A	N/A	10.36		17	mg/L	pounds			
e. Ammonia (as N)	<0.100		N/A	N/A	N/A	N/A	1	mg/L	pounds			
f. Flow	VALUE 4.24		VALUE N/A		VALUE 0.10		18	MGD	N/A	VALUE		
g. Temperature (winter)	VALUE 16.3		VALUE N/A		VALUE 9.7		9	°C		VALUE		
h. Temperature (summer)	VALUE 31.7		VALUE N/A		VALUE 25.7		9	°C		VALUE		
i. pH	MINIMUM 5.98	MAXIMUM 8.68	MINIMUM N/A	MAXIMUM N/A			18	STANDARD UNITS				

PART B – Mark "X" in column 2-a for each pollutant you know or have reason to believe is present. Mark "X" in column 2-b for each pollutant you believe to be absent. If you mark column 2a for any pollutant which is limited either directly, or indirectly but expressly, in an effluent limitations guideline, you must provide the results of at least one analysis for that pollutant. For other pollutants for which you mark column 2a, you must provide quantitative data or an explanation of their presence in your discharge. Complete one table for each outfall. See the instructions for additional details and requirements.

1. POLLUTANT AND CAS NO. <i>(if available)</i>	2. MARK "X"		3. EFFLUENT								4. UNITS		5. INTAKE <i>(optional)</i>		
	a. BELIEVED PRESENT	b. BELIEVED ABSENT	a. MAXIMUM DAILY VALUE		b. MAXIMUM 30 DAY VALUE <i>(if available)</i>		c. LONG TERM AVRG. VALUE <i>(if available)</i>		d. NO. OF ANALYSES	a. CONCEN- TRATION	b. MASS	a. LONG TERM AVERAGE VALUE		b. NO. OF ANALYSES	
			(1) CONCENTRATION	(2) MASS	(1) CONCENTRATION	(2) MASS	(1) CONCENTRATION	(2) MASS				(1) CONCENTRATION	(2) MASS		
a. Bromide (24959-67-9)		X													
b. Chlorine, Total Residual		X													
c. Color		X													
d. Fecal Coliform		X													
e. Fluoride (16984-48-8)		X													
f. Nitrate-Nitrite <i>(as N)</i>		X													

ITEM V-B CONTINUED FROM FRONT

1. POLLUTANT AND CAS NO. (if available)	2. MARK "X"		3. EFFLUENT							4. UNITS		5. INTAKE (optional)		
	a. BELIEVED PRESENT	b. BELIEVED ABSENT	a. MAXIMUM DAILY VALUE		b. MAXIMUM 30 DAY VALUE (if available)		c. LONG TERM AVRG. VALUE (if available)		d. NO. OF ANALYSES	a. CONCEN- TRATION	b. MASS	a. LONG TERM AVERAGE VALUE		b. NO. OF ANALYSES
			(1) CONCENTRATION	(2) MASS	(1) CONCENTRATION	(2) MASS	(1) CONCENTRATION	(2) MASS				(1) CONCENTRATION	(2) MASS	
g. Nitrogen, Total Organic (as N)		X												
h. Oil and Grease	X		<4.27	N/A	N/A	N/A	N/A	N/A	1	mg/L	lbs			
i. Phosphorus (as P), Total (7723-14-0)		X												
j. Radioactivity														
(1) Alpha, Total		X												
(2) Beta, Total		X												
(3) Radium, Total		X												
(4) Radium 226, Total		X												
k. Sulfate (as SO ₄) (14808-79-8)		X												
l. Sulfide (as S)		X												
m. Sulfite (as SO ₃) (14265-45-3)		X												
n. Surfactants		X												
o. Aluminum, Total (7429-90-5)		X												
p. Barium, Total (7440-39-3)		X												
q. Boron, Total (7440-42-8)		X												
r. Cobalt, Total (7440-48-4)		X												
s. Iron, Total (7439-89-6)		X												
t. Magnesium, Total (7439-95-4)		X												
u. Molybdenum, Total (7439-98-7)		X												
v. Manganese, Total (7439-96-5)		X												
w. Tin, Total (7440-31-5)		X												
x. Titanium, Total (7440-32-6)		X												

EPA I.D. NUMBER (copy from Item 1 of Form 1)

OUTFALL NUMBER

VAD077797165

001

CONTINUED FROM PAGE 3 OF FORM 2-C

PART C - If you are a primary industry and this outfall contains process wastewater, refer to Table 2c-2 in the instructions to determine which of the GC/MS fractions you must test for. Mark "X" in column 2-a for all such GC/MS fractions that apply to your industry and for ALL toxic metals, cyanides, and total phenols. If you are not required to mark column 2-a (*secondary industries, nonprocess wastewater outfalls, and nonrequired GC/MS fractions*), mark "X" in column 2-b for each pollutant you know or have reason to believe is present. Mark "X" in column 2-c for each pollutant you believe is absent. If you mark column 2a for any pollutant, you must provide the results of at least one analysis for that pollutant. If you mark column 2b for any pollutant, you must provide the results of at least one analysis for that pollutant if you know or have reason to believe it will be discharged in concentrations of 10 ppb or greater. If you mark column 2b for acrolein, acrylonitrile, 2,4 dinitrophenol, or 2-methyl-4, 6 dinitrophenol, you must provide the results of at least one analysis for each of these pollutants which you know or have reason to believe that you discharge in concentrations of 100 ppb or greater. Otherwise, for pollutants for which you mark column 2b, you must either submit at least one analysis or briefly describe the reasons the pollutant is expected to be discharged. Note that there are 7 pages to this part; please review each carefully. Complete one table (*all 7 pages*) for each outfall. See instructions for additional details and requirements.

1. POLLUTANT AND CAS NUMBER (if available)	2. MARK "X"			3. EFFLUENT								4. UNITS		5. INTAKE (optional)		
	a. TESTING REQUIRED	b. BELIEVED PRESENT	c. BELIEVED ABSENT	a. MAXIMUM DAILY VALUE		b. MAXIMUM 30 DAY VALUE (if available)		c. LONG TERM AVRG. VALUE (if available)		d. NO. OF ANALYSES	a. CONCEN- TRATION	b. MASS	a. LONG TERM AVERAGE VALUE		b. NO. OF ANALYSES	
				(1) CONCENTRATION	(2) MASS	(1) CONCENTRATION	(2) MASS	(1) CONCENTRATION	(2) MASS				(1) CONCENTRATION	(2) MASS		
																(1) CONCENTRATION
METALS, CYANIDE, AND TOTAL PHENOLS																
1M. Antimony, Total (7440-36-0)			X													
2M. Arsenic, Total (7440-38-2)			X													
3M. Beryllium, Total (7440-41-7)			X													
4M. Cadmium, Total (7440-43-9)			X													
5M. Chromium, Total (7440-47-3)			X													
6M. Copper, Total (7440-50-8)			X													
7M. Lead, Total (7439-92-1)			X													
8M. Mercury, Total (7439-97-6)			X													
9M. Nickel, Total (7440-02-0)			X													
10M. Selenium, Total (7782-49-2)			X													
11M. Silver, Total (7440-22-4)			X													
12M. Thallium, Total (7440-28-0)			X													
13M. Zinc, Total (7440-66-6)			X													
14M. Cyanide, Total (57-12-5)			X													
15M. Phenols, Total			X													
DIOXIN																
2,3,7,8-Tetra- chlorodibenzo-P- Dioxin (1764-01-6)			X	DESCRIBE RESULTS												

CONTINUED FROM THE FRONT

1. POLLUTANT AND CAS NUMBER (if available)	2. MARK "X"			3. EFFLUENT							4. UNITS		5. INTAKE (optional)		
	a. TESTING REQUIRED	b. BELIEVED PRESENT	c. BELIEVED ABSENT	a. MAXIMUM DAILY VALUE		b. MAXIMUM 30 DAY VALUE (if available)		c. LONG TERM AVRG. VALUE (if available)		d. NO. OF ANALYSES	a. CONCENTRATION	b. MASS	a. LONG TERM AVERAGE VALUE		b. NO. OF ANALYSES
				(1) CONCENTRATION	(2) MASS	(1) CONCENTRATION	(2) MASS	(1) CONCENTRATION	(2) MASS				(1) CONCENTRATION	(2) MASS	
GC/MS FRACTION - VOLATILE COMPOUNDS															
1V. Acrolein (107-02-8)			X												
2V. Acrylonitrile (107-13-1)			X												
3V. Benzene (71-43-2)		X		<1.00	N/A	N/A	N/A	N/A	N/A	1	ug/L	lbs			
4V. Bis (Chloro- methyl) Ether (542-88-1)				DELISTED	02-4-81	ANALYSIS	NOT	REQUIRED	FOR	THIS					
5V. Bromoform (75-25-2)			X												
6V. Carbon Tetrachloride (56-23-5)			X												
7V. Chlorobenzene (108-90-7)			X												
8V. Chlorodi- bromomethane (124-48-1)			X												
9V. Chloroethane (75-00-3)			X												
10V. 2-Chloro- ethylvinyl Ether (110-75-8)			X												
11V. Chloroform (67-66-3)			X												
12V. Dichloro- bromomethane (75-27-4)			X												
13V. Dichloro- difluoromethane (75-71-8)				DELISTED	01-8-81	ANALYSIS	NOT	REQUIRED	FOR	THIS					
14V. 1,1-Dichloro- ethane (75-34-3)			X												
15V. 1,2-Dichloro- ethane (107-06-2)			X												
16V. 1,1-Dichloro- ethylene (75-35-4)			X												
17V. 1,2-Dichloro- propane (78-87-5)			X												
18V. 1,3-Dichloro- propylene (542-75-6)			X												
19V. Ethylbenzene (100-41-4)		X		<1.00	N/A	N/A	N/A	N/A	N/A	1	ug/L	lbs			
20V. Methyl Bromide (74-83-9)			X												
21V. Methyl Chloride (74-87-3)			X												

CONTINUED FROM PAGE V-4

1. POLLUTANT AND CAS NUMBER (if available)	2. MARK "X"			3. EFFLUENT							4. UNITS		5. INTAKE (optional)		
	a. TESTING REQUIRED	b. BELIEVED PRESENT	c. BELIEVED ABSENT	a. MAXIMUM DAILY VALUE		b. MAXIMUM 30 DAY VALUE (if available)		c. LONG TERM AVRG. VALUE (if available)		d. NO. OF ANALYSES	a. CONCENTRATION	b. MASS	a. LONG TERM AVERAGE VALUE		b. NO. OF ANALYSES
				(1) CONCENTRATION	(2) MASS	(1) CONCENTRATION	(2) MASS	(1) CONCENTRATION	(2) MASS				(1) CONCENTRATION	(2) MASS	
GC/MS FRACTION – VOLATILE COMPOUNDS (continued)															
22V. Methylene Chloride (75-09-2)			X												
23V. 1,1,2,2-Tetrachloroethane (79-34-5)			X												
24V. Tetrachloroethylene (127-18-4)			X												
25V. Toluene (108-88-3)		X		<1.00	N/A	N/A	N/A	N/A	N/A	1	ug/L	lbs			
26V. 1,2-Trans-Dichloroethylene (156-60-5)			X												
27V. 1,1,1-Trichloroethane (71-55-6)			X												
28V. 1,1,2-Trichloroethane (79-00-5)			X												
29V. Trichloroethylene (79-01-6)			X												
30V. Trichlorofluoromethane (75-69-4)				DELISTED	01-8-81	ANALYSIS	NOT	REQUIRED	FOR	THIS					
31V. Vinyl Chloride (75-01-4)			X												
GC/MS FRACTION – ACID COMPOUNDS															
1A. 2-Chlorophenol (95-57-8)			X												
2A. 2,4-Dichlorophenol (120-83-2)			X												
3A. 2,4-Dimethylphenol (105-67-9)			X												
4A. 4,6-Dinitro-O-Cresol (534-52-1)			X												
5A. 2,4-Dinitrophenol (51-28-5)			X												
6A. 2-Nitrophenol (88-75-5)			X												
7A. 4-Nitrophenol (100-02-7)			X												
8A. P-Chloro-M-Cresol (59-50-7)			X												
9A. Pentachlorophenol (87-86-5)			X												
10A. Phenol (108-95-2)			X												
11A. 2,4,6-Trichlorophenol (88-05-2)			X												

CONTINUED FROM THE FRONT

1. POLLUTANT AND CAS NUMBER (if available)	2. MARK "X"			3. EFFLUENT						4. UNITS		5. INTAKE (optional)			
	a. TESTING REQUIRED	b. BELIEVED PRESENT	c. BELIEVED ABSENT	a. MAXIMUM DAILY VALUE		b. MAXIMUM 30 DAY VALUE (if available)		c. LONG TERM AVRG. VALUE (if available)		d. NO. OF ANALYSES	a. CONCEN- TRATION	b. MASS	a. LONG TERM AVERAGE VALUE		b. NO. OF ANALYSES
				(1) CONCENTRATION	(2) MASS	(1) CONCENTRATION	(2) MASS	(1) CONCENTRATION	(2) MASS				(1) CONCENTRATION	(2) MASS	
GC/MS FRACTION - BASE/NEUTRAL COMPOUNDS															
1B. Acenaphthene (83-32-9)			X												
2B. Acenaphthylene (208-96-8)			X												
3B. Anthracene (120-12-7)			X												
4B. Benzidine (92-87-5)			X												
5B. Benzo (a) Anthracene (56-55-3)			X												
6B. Benzo (a) Pyrene (50-32-8)			X												
7B. 3,4-Benzo- fluoranthene (205-99-2)			X												
8B. Benzo (ghi) Perylene (191-24-2)			X												
9B. Benzo (k) Fluoranthene (207-08-9)			X												
10B. Bis (2-Chloro- ethoxy) Methane (111-91-1)			X												
11B. Bis (2-Chloro- ethyl) Ether (111-44-4)			X												
12B. Bis (2- Chloroisopropyl) Ether (102-80-1)			X												
13B. Bis (2-Ethyl- hexyl) Phthalate (117-81-7)			X												
14B. 4-Bromophenyl Phenyl Ether (101-55-3)			X												
15B. Butyl Benzyl Phthalate (85-68-7)			X												
16B. 2-Chloro- naphthalene (91-58-7)			X												
17B. 4-Chloro- phenyl Phenyl Ether (7005-72-3)			X												
18B. Chrysene (218-01-9)			X												
19B. Dibenzo (a,h) Anthracene (53-70-3)			X												
20B. 1,2-Dichloro- benzene (95-50-1)			X												
21B. 1,3-Di-chloro- benzene (541-73-1)			X												

CONTINUED FROM PAGE V-6

1. POLLUTANT AND CAS NUMBER (if available)	2. MARK "X"			3. EFFLUENT						4. UNITS		5. INTAKE (optional)			
	a. TESTING REQUIRED	b. BELIEVED PRESENT	c. BELIEVED ABSENT	a. MAXIMUM DAILY VALUE		b. MAXIMUM 30 DAY VALUE (if available)		c. LONG TERM AVRG. VALUE (if available)		d. NO. OF ANALYSES	a. CONCENTRATION	b. MASS	a. LONG TERM AVERAGE VALUE		b. NO. OF ANALYSES
				(1) CONCENTRATION	(2) MASS	(1) CONCENTRATION	(2) MASS	(1) CONCENTRATION	(2) MASS				(1) CONCENTRATION	(2) MASS	
GC/MS FRACTION – BASE/NEUTRAL COMPOUNDS (continued)															
22B. 1,4-Dichlorobenzene (106-46-7)			X												
23B. 3,3-Dichlorobenzidine (91-94-1)			X												
24B. Diethyl Phthalate (84-66-2)			X												
25B. Dimethyl Phthalate (131-11-3)			X												
26B. Di-N-Butyl Phthalate (84-74-2)			X												
27B. 2,4-Dinitrotoluene (121-14-2)			X												
28B. 2,6-Dinitrotoluene (606-20-2)			X												
29B. Di-N-Octyl Phthalate (117-84-0)			X												
30B. 1,2-Diphenylhydrazine (as Azobenzene) (122-66-7)			X												
31B. Fluoranthene (206-44-0)			X												
32B. Fluorene (86-73-7)			X												
33B. Hexachlorobenzene (118-74-1)			X												
34B. Hexachlorobutadiene (87-68-3)			X												
35B. Hexachlorocyclopentadiene (77-47-4)			X												
36B Hexachloroethane (67-72-1)			X												
37B. Indeno (1,2,3-cd) Pyrene (193-39-5)			X												
38B. Isophorone (78-59-1)			X												
39B. Naphthalene (91-20-3)		X		<5.00	N/A	N/A	N/A	N/A	N/A	1	ug/L	lbs			
40B. Nitrobenzene (98-95-3)			X												
41B. N-Nitrosodimethylamine (62-75-9)			X												
42B. N-Nitrosodi-N-Propylamine (621-64-7)			X												

CONTINUED FROM THE FRONT

1. POLLUTANT AND CAS NUMBER (if available)	2. MARK "X"			3. EFFLUENT								4. UNITS		5. INTAKE (optional)			
	a. TESTING REQUIRED	b. BELIEVED PRESENT	c. BELIEVED ABSENT	a. MAXIMUM DAILY VALUE		b. MAXIMUM 30 DAY VALUE (if available)		c. LONG TERM AVRG. VALUE (if available)		d. NO. OF ANALYSES	a. CONCENTRATION	b. MASS	a. LONG TERM AVERAGE VALUE		b. NO. OF ANALYSES		
				(1) CONCENTRATION	(2) MASS	(1) CONCENTRATION	(2) MASS	(1) CONCENTRATION	(2) MASS				(1) CONCENTRATION	(2) MASS			
GC/MS FRACTION – BASE/NEUTRAL COMPOUNDS (continued)																	
43B. N-Nitrosodiphenylamine (85-30-6)			X														
44B. Phenanthrene (85-01-8)			X														
45B. Pyrene (129-00-0)			X														
46B. 1,2,4-Trichlorobenzene (120-82-1)			X														
GC/MS FRACTION – PESTICIDES																	
1P. Aldrin (309-00-2)			X														
2P. α-BHC (319-84-6)			X														
3P. β-BHC (319-85-7)			X														
4P. γ-BHC (58-89-9)			X														
5P. δ-BHC (319-86-8)			X														
6P. Chlordane (57-74-9)			X														
7P. 4,4'-DDT (50-29-3)			X														
8P. 4,4'-DDE (72-55-9)			X														
9P. 4,4'-DDD (72-54-8)			X														
10P. Dieldrin (60-57-1)			X														
11P. α-Endosulfan (115-29-7)			X														
12P. β-Endosulfan (115-29-7)			X														
13P. Endosulfan Sulfate (1031-07-8)			X														
14P. Endrin (72-20-8)			X														
15P. Endrin Aldehyde (7421-93-4)			X														
16P. Heptachlor (76-44-8)			X														

EPA I.D. NUMBER (copy from Item 1 of Form 1)	OUTFALL NUMBER
VAD077797165	001

CONTINUED FROM PAGE V-8

1. POLLUTANT AND CAS NUMBER (if available)	2. MARK "X"			3. EFFLUENT								4. UNITS		5. INTAKE (optional)		
	a. TESTING REQUIRED	b. BELIEVED PRESENT	c. BELIEVED ABSENT	a. MAXIMUM DAILY VALUE		b. MAXIMUM 30 DAY VALUE (if available)		c. LONG TERM AVRG. VALUE (if available)		d. NO. OF ANALYSES	a. CONCEN- TRATION	b. MASS	a. LONG TERM AVERAGE VALUE		b. NO. OF ANALYSES	
				(1) CONCENTRATION	(2) MASS	(1) CONCENTRATION	(2) MASS	(1) CONCENTRATION	(2) MASS				(1) CONCENTRATION	(2) MASS		
GC/MS FRACTION - PESTICIDES (continued)																
17P. Heptachlor Epoxide (1024-57-3)			X													
18P. PCB-1242 (53469-21-9)			X													
19P. PCB-1254 (11097-69-1)			X													
20P. PCB-1221 (11104-28-2)			X													
21P. PCB-1232 (11141-16-5)			X													
22P. PCB-1248 (12672-29-6)			X													
23P. PCB-1260 (11096-82-5)			X													
24P. PCB-1016 (12674-11-2)			X													
25P. Toxaphene (8001-35-2)			X													

Please print or type in the unshaded areas only.

[illegible]

Continued from the Front

IV. Narrative Description of Pollutant Sources

A. For each outfall, provide an estimate of the area (include units) of impervious surfaces (including paved areas and building roofs) drained to the outfall, and an estimate of the total surface area drained by the outfall.

Outfall Number	Area of Impervious Surface (provide units)	Total Area Drained (provide units)	Outfall Number	Area of Impervious Surface (provide units)	Total Area Drained (provide units)
001	81,200 square feet	283,200 square feet			

B. Provide a narrative description of significant materials that are currently or in the past three years have been treated, stored or disposed in a manner to allow exposure to storm water; method of treatment, storage, or disposal; past and present materials management practices employed to minimize contact by these materials with storm water runoff; materials loading and access areas, and the location, manner, and frequency in which pesticides, herbicides, soil conditioners, and fertilizers are applied.

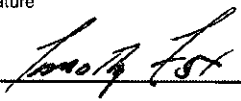
The Kinder Morgan Chesapeake Terminal is a storage and distribution facility for petroleum products including gasoline, jet fuel, ethanol and petroleum distillates kerosene, diesel fuel and heating oil. Products are stored in aboveground storage tanks within a containment dike area. Products are distributed by transport vehicles. Product pumping, loading and unloading activities at the rack represent the greatest likelihood of exposure to storm water. Regular inspections, good housekeeping practices, maintenance and repair, spill prevention and response, and employee training are practices and techniques employed to minimize contact between petroleum products and storm water. The locations of the storage tanks, loading rack, oil/water separator and other site features are shown on the attached site topographic map. Pesticides, herbicides, soil conditioners and fertilizer are not used in significant quantities.

C. For each outfall, provide the location and a description of existing structural and nonstructural control measures to reduce pollutants in storm water runoff; and a description of the treatment the storm water receives, including the schedule and type of maintenance for control and treatment measures and the ultimate disposal of any solid or fluid wastes other than by discharge.

Outfall Number	Treatment	List Codes from Table 2F-1
001	Diked area storm water is pumped to the oil/water separator after a minimum of 24-hours settling following a rain event. Paved area storm water drains directly to the separator. A pump station conveys water from the separator to Outfall 001.	1-U, xx

V. Nonstormwater Discharges

A. I certify under penalty of law that the outfall(s) covered by this application have been tested or evaluated for the presence of nonstormwater discharges, and that all nonstormwater discharged from these outfall(s) are identified in either an accompanying Form 2C or Form 2E application for the outfall.

Name and Official Title (type or print)	Signature	Date Signed
Timothy Fox Operations MGR.		11/29/12

B. Provide a description of the method used, the date of any testing, and the onsite drainage points that were directly observed during a test.

Evaluation is based on site engineering and operator knowledge and facility construction and operation records. Non-storm-water discharges are identified on Form 2C (hydrostatic test water).

VI. Significant Leaks or Spills

Provide existing information regarding the history of significant leaks or spills of toxic or hazardous pollutants at the facility in the last three years, including the approximate date and location of the spill or leak, and the type and amount of material released.

None.

VII. Discharge Information

A, B, C, & D: See instructions before proceeding. Complete one set of tables for each outfall. Annotate the outfall number in the space provided.
Table VII-A, VII-B, VII-C are included on separate sheets numbers VII-1 and VII-2.

E. Potential discharges not covered by analysis - Is any toxic pollutant listed in table 2F-2, 2F-3, or 2F-4, a substance or a component of a substance which you currently use or manufacture as an intermediate or final product or byproduct?

☐ Yes (list all such pollutants below)

☒ No (go to Section IX)

VIII. Biological Toxicity Testing Data

Do you have any knowledge or reason to believe that any biological test for acute or chronic toxicity has been made on any of your discharges or on a receiving water in relation to your discharge within the last 3 years?

☒ Yes (list all such pollutants below)

☐ No (go to Section IX)

Annual Acute Whole Effluent Toxicity testing is completed in accordance with the existing VPDES permit conditions. The 48-hour static acute tests with five test solutions are completed annually utilizing *Ceriodaphnia dubia*.

05/09 48-hour LC50 for c. dubia was > 100%
05/10 48-hour LC50 for c. dubia was > 100%
06/11 48-hour LC50 for c. dubia was > 100%
05/12 48-hour LC50 for c. dubia was > 100%

IX. Contract Analysis Information

Were any of the analyses reported in Item VII performed by a contract laboratory or consulting firm?

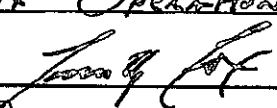
☒ Yes (list the name, address, and telephone number of, and pollutants analyzed by, each such laboratory or firm below)

☐ No (go to Section X)

A. Name	B. Address	C. Area Code & Phone No.	D. Pollutants Analyzed
Air Water & Soil Laboratories, Inc.	2109-A North Hamilton Street Richmond, VA 23230	804-358-8295	TPH-DRO, TSS, TOC
Coastal Bioanalysts, Inc.	6400 Enterprise Court Gloucester, VA 23061	804-694-6285	Toxicity Testing
TestAmerica Laboratories, Inc.	2960 Foster Creighton Drive Nashville, TN 37204	615-726-0177	Constituents in Parts V-A and V-C
SPL, Inc.	500 Ambassador Caffery Parkway Scott, LA 70583	337-237-4775	2008 - 2009 Analyses

X. Certification

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

A. Name & Official Title (Type Or Print)	B. Area Code and Phone No.
Timothy Fox Operations Mgr North	770-751-4168
C. Signature	D. Date Signed
	6/7/2013

Part A – You must provide the results of at least one analysis for every pollutant in this table. Complete one table for each outfall. See instructions for additional details.

Pollutant and CAS Number (if available)	Maximum Values (include units)		Average Values (include units)		Number of Storm Events Sampled	Sources of Pollutants
	Grab Sample Taken During First 20 Minutes	Flow-Weighted Composite	Grab Sample Taken During First 20 Minutes	Flow-Weighted Composite		
Oil and Grease	< 4.27 mg/L	N/A	< 4.27 mg/L	N/A	1	Bulk Petroleum Storage/Distribution
Biological Oxygen Demand (BOD5)	< 2.00 mg/L	N/A	< 2.00 mg/L	N/A	1	Natural Processes
Chemical Oxygen Demand (COD)	< 10.0 mg/L	N/A	< 10.0 mg/L	N/A	1	Natural Processes
Total Suspended Solids (TSS)	24.5 mg/L	N/A	10.36 mg/L	N/A	17	Natural Processes
Total Nitrogen	0.755 mg/L	N/A	0.755 mg/L	N/A	1	Natural Processes
Total Phosphorus	< 0.100 mg/L	N/A	<0.100 mg/L	N/A	1	Natural Processes
pH	Minimum 5.98	Maximum 8.68	Minimum 7.46	Maximum 7.46	18	Natural Processes

Part B – List each pollutant that is limited in an effluent guideline which the facility is subject to or any pollutant listed in the facility's NPDES permit for its process wastewater (if the facility is operating under an existing NPDES permit). Complete one table for each outfall. See the instructions for additional details and requirements.

[illegible]

Continued from the Front

Part C - List each pollutant shown in Table 2F-2, 2F-3, and 2F-4 that you know or have reason to believe is present. See the instructions for additional details and requirements. Complete one table for each outfall.

[illegible]

Part D – Provide data for the storm event(s) which resulted in the maximum values for the flow weighted composite sample.

1. Date of Storm Event	2. Duration of Storm Event (in minutes)	3. Total rainfall during storm event (in inches)	4. Number of hours between beginning of storm measured and end of previous measurable rain event	5. Maximum flow rate during rain event (gallons/minute or specify units)	6. Total flow from rain event (gallons or specify units)
N/A - No flow weighted composite sampling					

7. Provide a description of the method of flow measurement or estimate.

Flow data based on monthly rainfall data from the Washington National Airport weather station. Flows are estimated based on maximum and average monthly rainfall over paved areas and tank field diked area.

ATTACHMENT A
DEPARTMENT OF ENVIRONMENTAL QUALITY
WATER QUALITY CRITERIA MONITORING

CASRN#	CHEMICAL	EPA ANALYSIS NO.	QUANTIFICATION LEVEL ⁽¹⁾	REPORTING RESULTS	SAMPLE TYPE ⁽²⁾	SAMPLE FREQUENCY
METALS						
7440-36-0	Antimony, dissolved	(3)	4300	ND	G or C	1/5 YR
7440-38-2	Arsenic, dissolved	(3)	90	ND	G or C	1/5 YR
7440-43-9	Cadmium, dissolved	(3)	0.37	ND	G or C	1/5 YR
16065-83-1	Chromium III, dissolved ⁽⁸⁾	(3)	24	ND	G or C	1/5 YR
18540-29-9	Chromium VI, dissolved ⁽⁸⁾	(3)	6.4	ND	G or C	1/5 YR
7440-50-8	Copper, dissolved	(3)	2.6	ND	G or C	1/5 YR
7439-92-1	Lead, dissolved	(3)	3.0	ND	G or C	1/5 YR
7439-97-6	Mercury, dissolved	(3)	0.051	ND	G or C	1/5 YR
7440-02-0	Nickel, dissolved	(3)	6.3	ND	G or C	1/5 YR
7440-22-4	Silver, dissolved	(3)	0.36	ND	G or C	1/5 YR
7440-28-0	Thallium, dissolved	(4)	(5)	ND	G or C	1/5 YR
7440-66-6	Zinc, dissolved	(3)	24	ND	G or C	1/5 YR
PESTICIDES/PCB'S						
309-00-2	Aldrin	608	0.05	ND	G or C	1/5 YR
57-74-9	Chlordane	608	0.2	ND	G or C	1/5 YR
2921-88-2	Chlorpyrifos (synonym = Dursban)	(4)	(5)	ND	G or C	1/5 YR
72-54-8	DDD	608	0.1	ND	G or C	1/5 YR
72-55-9	DDE	608	0.1	ND	G or C	1/5 YR
50-29-3	DDT	608	0.1	ND	G or C	1/5 YR
8065-48-3	Demeton	(4)	(5)	ND	G or C	1/5 YR
333-41-5	Diazinon	(4)	(5)	ND	G or C	1/5YR
60-57-1	Dieldrin	608	0.1	ND	G or C	1/5 YR
959-98-8	Alpha-Endosulfan	608	0.1	ND	G or C	1/5 YR
33213-65-9	Beta-Endosulfan	608	0.1	ND	G or C	1/5 YR
1031-07-8	Endosulfan Sulfate	608	0.1	ND	G or C	1/5 YR

CASRN#	CHEMICAL	EPA ANALYSIS NO.	QUANTIFICATION LEVEL ⁽¹⁾	REPORTING RESULTS	SAMPLE TYPE ⁽²⁾	SAMPLE FREQUENCY
72-20-8	Endrin	608	0.1	ND	G or C	1/5 YR
7421-93-4	Endrin Aldehyde	(4)	(5)	ND	G or C	1/5 YR
86-50-0	Guthion	(4)	(5)	ND	G or C	1/5 YR
76-44-8	Heptachlor	608	0.05	ND	G or C	1/5 YR
1024-57-3	Heptachlor Epoxide	(4)	(5)	ND	G or C	1/5 YR
319-84-6	Hexachlorocyclohexane Alpha-BHC	608	(5)	ND	G or C	1/5 YR
319-85-7	Hexachlorocyclohexane Beta-BHC	608	(5)	ND	G or C	1/5 YR
58-89-9	Hexachlorocyclohexane Gamma-BHC or Lindane	608	(5)	ND	G or C	1/5 YR
143-50-0	Keponc	(9)	(5)	ND	G or C	1/5 YR
121-75-5	Malathion	(4)	(5)	ND	G or C	1/5 YR
72-43-5	Methoxychlor	(4)	(5)	ND	G or C	1/5 YR
2385-85-5	Mirex	(4)	(5)	ND	G or C	1/5 YR
56-38-2	Parathion	(4)	(5)	ND	G or C	1/5 YR
11096-82-5	PCB 1260	608	1.0	ND	G or C	1/5 YR
11097-69-1	PCB 1254	608	1.0	ND	G or C	1/5 YR
12672-29-6	PCB 1248	608	1.0	ND	G or C	1/5 YR
53469-21-9	PCB 1242	608	1.0	ND	G or C	1/5 YR
11141-16-5	PCB 1232	608	1.0	ND	G or C	1/5 YR
11104-28-2	PCB 1221	608	1.0	ND	G or C	1/5 YR
12674-11-2	PCB 1016	608	1.0	ND	G or C	1/5 YR
1336-36-3	PCB Total	608	7.0	ND	G or C	1/5 YR
8001-35-2	Toxaphene	608	5.0	ND	G or C	1/5 YR
BASE NEUTRAL EXTRACTABLES						
83-32-9	Acenaphthene	625	10.0	ND	G or C	1/5 YR
120-12-7	Anthracene	625	10.0	ND	G or C	1/5 YR
92-87-5	Benidine	(4)	(5)	ND	G or C	1/5 YR
56-55-3	Benzo (a) anthracene	625	10.0	ND	G or C	1/5 YR
205-99-2	Benzo (b) fluoranthene	625	10.0	ND	G or C	1/5 YR
207-08-9	Benzo (k) fluoranthene	625	10.0	ND	G or C	1/5 YR

CASRN#	CHEMICAL	EPA ANALYSIS NO.	QUANTIFICATION LEVEL ⁽¹⁾	REPORTING RESULTS	SAMPLE TYPE ⁽²⁾	SAMPLE FREQUENCY
50-32-8	Benzo (a) pyrene	625	10.0	ND	G or C	1/5 YR
111-44-4	Bis 2-Chloroethyl Ether	(4)	(5)	ND	G or C	1/5 YR
108-60-1	Bis 2-Chloroisopropyl Ether	(4)	(5)	ND	G or C	1/5 YR
117-81-7	Bis-2-ethylhexyl phthalate	625	10.0	ND	G or C	1/5 YR
85-68-7	Butyl benzyl phthalate	625	10.0	ND	G or C	1/5 YR
91-58-7	2-Chloronaphthalene	(4)	(5)	ND	G or C	1/5 YR
218-01-9	Chrysene	625	10.0	ND	G or C	1/5 YR
53-70-3	Dibenz(a,h)anthracene	625	20.0	ND	G or C	1/5 YR
84-74-2	Dibutyl phthalate (synonym = Di-n-Butyl Phthalate)	625	10.0	ND	G or C	1/5 YR
95-50-1	1,2-Dichlorobenzene	624	10.0	ND	G or C	1/5 YR
541-73-1	1,3-Dichlorobenzene	624	10.0	ND	G or C	1/5 YR
106-46-7	1,4-Dichlorobenzene	624	10.0	ND	G or C	1/5 YR
91-94-1	3,3-Dichlorobenzidine	(4)	(5)	ND	G or C	1/5 YR
84-66-2	Diethyl phthalate	625	10.0	ND	G or C	1/5 YR
131-11-3	Dimethyl phthalate	(4)	(5)	ND	G or C	1/5 YR
121-14-2	2,4-Dinitrotoluene	625	10.0	ND	G or C	1/5 YR
122-66-7	1,2-Diphenylhydrazine	(4)	(5)	ND	G or C	1/5 YR
206-44-0	Fluoranthene	625	10.0	ND	G or C	1/5 YR
86-73-7	Fluorene	625	10.0	ND	G or C	1/5 YR
118-74-1	Hexachlorobenzene	(4)	(5)	ND	G or C	1/5 YR
87-68-3	Hexachlorobutadiene	(4)	(5)	ND	G or C	1/5 YR
77-47-4	Hexachlorocyclopentadiene	(4)	(5)	ND	G or C	1/5 YR
67-72-1	Hexachloroethane	(4)	(5)	ND	G or C	1/5 YR
193-39-5	Indeno(1,2,3-cd)pyrene	625	20.0	ND	G or C	1/5 YR
78-59-1	Isophorone	625	10.0	ND	G or C	1/5 YR
98-95-3	Nitrobenzene	625	10.0	ND	G or C	1/5 YR
62-75-9	N-Nitrosodimethylamine	(4)	(5)	ND	G or C	1/5 YR
621-64-7	N-Nitrosodi-n-propylamine	(4)	(5)	ND	G or C	1/5 YR
86-30-6	N-Nitrosodiphenylamine	(4)	(5)	ND	G or C	1/5 YR
129-00-0	Pyrene	625	10.0	ND	G or C	1/5 YR

CASRN#	CHEMICAL	EPA ANALYSIS NO.	QUANTIFICATION LEVEL ⁽¹⁾	REPORTING RESULTS	SAMPLE TYPE ⁽²⁾	SAMPLE FREQUENCY
120-82-1	1,2,4-Trichlorobenzene	625	10.0	ND	G or C	1/5 YR
VOLATILES						
107-02-8	Acrolein	(4)	(5)	ND	G	1/5 YR
107-13-1	Acrylonitrile	(4)	(5)	ND	G	1/5 YR
71-43-2	Benzene	624	10.0	ND	G	1/5 YR
75-25-2	Bromoform	624	10.0	ND	G	1/5 YR
56-23-5	Carbon Tetrachloride	624	10.0	ND	G	1/5 YR
108-90-7	Chlorobenzene (synonym = monochlorobenzene)	624	50.0	ND	G	1/5 YR
124-48-1	Chlorodibromomethane	624	10.0	ND	G	1/5 YR
67-66-3	Chloroform	624	10.0	ND	G	1/5 YR
75-09-2	Dichloromethane (synonym = methylene chloride)	624	20.0	ND	G	1/5 YR
75-27-4	Dichlorobromomethane	624	10.0	ND	G	1/5 YR
107-06-2	1,2-Dichloroethane	624	10.0	ND	G	1/5 YR
75-35-4	1,1-Dichloroethylene	624	10.0	ND	G	1/5 YR
156-60-5	1,2-trans-dichloroethylene	(4)	(5)	ND	G	1/5 YR
78-87-5	1,2-Dichloropropane	(4)	(5)	ND	G	1/5 YR
542-75-6	1,3-Dichloropropene	(4)	(5)	ND	G	1/5 YR
100-41-4	Ethylbenzene	624	10.0	ND	G	1/5 YR
74-83-9	Methyl Bromide	(4)	(5)	ND	G	1/5 YR
79-34-5	1,1,2,2-Tetrachloroethane	(4)	(5)	ND	G	1/5 YR
127-18-4	Tetrachloroethylene	624	10.0	ND	G	1/5 YR
10-88-3	Toluene	624	10.0	ND	G	1/5 YR
79-00-5	1,1,2-Trichloroethane	(4)	(5)	ND	G	1/5 YR
79-01-6	Trichloroethylene	624	10.0	ND	G	1/5 YR
75-01-4	Vinyl Chloride	624	10.0	ND	G	1/5 YR
ACID EXTRACTABLES ⁽⁶⁾						
95-57-8	2-Chlorophenol	625	10.0	ND	G or C	1/5 YR
120-83-2	2,4 Dichlorophenol	625	10.0	ND	G or C	1/5 YR
105-67-9	2,4 Dimethylphenol	625	10.0	ND	G or C	1/5 YR

CASRN#	CHEMICAL	EPA ANALYSIS NO.	QUANTIFICATION LEVEL ⁽¹⁾	REPORTING RESULTS	SAMPLE TYPE ⁽²⁾	SAMPLE FREQUENCY
51-28-5	2,4-Dinitrophenol	(4)	(5)	ND	G or C	1/5 YR
534-52-1	2-Methyl-4,6-Dinitrophenol	(4)	(5)	ND	G or C	1/5 YR
25154-52-3	Nonylphenol	(4)	(5)	ND	G or C	1/5 YR
87-86-5	Pentachlorophenol	625	50.0	ND	G or C	1/5 YR
108-95-2	Phenol	625	10.0	ND	G or C	1/5 YR
88-06-2	2,4,6-Trichlorophenol	625	10.0	ND	G or C	1/5 YR
MISCELLANEOUS						
776-41-7	Ammonia as NH ₃ -N	350.1	200	ND	C	1/5 YR
7782-50-5	Chlorine, Total Residual	(4)	100	0.00 mg/L	G	1/5 YR
57-12-5	Cyanide, Free	(4)	10.0	ND	G	1/5 YR
7783-06-4	Hydrogen Sulfide	(4)	(5)	ND	G or C	1/5 YR
471-34-1	Hardness (mg/L as CaCO ₃)	(4)	(5)	ND	G or C	1/5 YR

Timothy Fox
 Name of Principal Executive Officer or Authorized Agent/Title

Timothy Fox
 Signature of Principal Officer or Authorized Agent/Date

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system or those persons directly responsible for gathering the information, the information submitted is to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information including the possibility of fine and imprisonment for knowing violations. See 18 U.S.C. Sec. 1001 and 33 U.S.C. Sec. 1319. (Penalties under these statutes may include fines up to \$10,000 and or maximum imprisonment of between 6 months and 5 years.)

